

www.mass.gov/abcc

LICENSE NUMBER:	052800001		C	IY OR IOW	N HINGHAM	1
APPLICATION FOR	RENEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	HINGHAM YACHT	CLUB				
DOING BUSINESS A	L					
ADDRESS 211 DOW	NER AVE.					
CITY/TOWN: HINC	HAM	STATE:	MA	ZIP CODE:	02043	
MANAGER: SHEA	, MARY ANN TYPE	OF LICEN	SE:Club		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	S:				
ONE FLOOR WITH (ON A PARTIAL SEC ROOM AND AREA (AND CONNECTED	OND FLOOR. DETA OUTSIDE OF THE C	CHED BUILUB ROOM	LDING C	ONTAINING	SMALL MEE	TING
I hereby certify and sw	vear under penalties of	perjury tha	t:			
1. the renewe	d license will be of the	same type	for the sar	ne premises no	ow licensed;	
2. the licensee	e has complied with al	l laws of the	e Common	wealth relatin	g to taxes; and	
3. the premise	es are now open for bu	siness (If no	ot explain	below)		
SIGNED BY	Individual, Partner or	Authorized	l Corporat	e Officer		
DATE:	TELEPHONE 1	NUMBER:			YER IDENTIFICAT	
				(Note: NOI	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ctor and th	ne head of	the fire depa	rtment for the	above
Please Check Below:]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:	_			Зу:		
DISAPPROVED:						
(If disapproved explain	n)					
DATE:						
DATE:						



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	CITY OR TOWN HIN	GHAM
Annual	LICENSED F	FOR 2013
CLASS		YEAR
VERN, INC.		
E		
STATE: MA	ZIP CODE: 020	43
E OF LICENSE: Res	taurant CATEG	ORY: All Alcohol
SSITE AND ENTER YOUR EN	IAIL ADDRESS	
ES:		
VO STORY WOOD	STUCTURE. CELLAR	FOR
of perjury that:		
ne same type for the	same premises now licens	sed;
all laws of the Comm	nonwealth relating to taxes	s; and
ousiness (If not expla	in below)	
or Authorized Corpo	rate Officer	
NUMBER:		ΓΙΓΙCATION NUMBER:
	(Note: Note individual	Social Security Number)
ector and the head	of the fire department f	for the above
	LOCAL LICENSING A	AUTHORITY
	By:	
	CLASS VERN, INC. E STATE: MA E OF LICENSE: Res SITE AND ENTER YOUR EMES: WO STORY WOOD of perjury that: he same type for the hall laws of the Commousiness (If not explain or Authorized Corport Authorize	Annual CLASS VERN, INC. E STATE: MA ZIP CODE: 020 E OF LICENSE: Restaurant CATEG SITE AND ENTER YOUR EMAIL ADDRESS ES: VO STORY WOOD STUCTURE. CELLAR of perjury that: ne same type for the same premises now license all laws of the Commonwealth relating to taxes and the explain below) or Authorized Corporate Officer E NUMBER: EMPLOYER IDEN' (Note: NOT Individual) on possession (1) the certificate required by the procession of the fire department of the induor liability insurance required by Chapital LOCAL LICENSING A



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 05280000	3	CITY OR TOWN	HINGHAM
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SOUTH S	HORE LODGE # 1850 SO	NS OF ITALY IN AM	ERICA
DOING BUSINESS A			
ADDRESS 39 KILBY ST.			
CITY/TOWN: HINGHAM	STATE: MA	ZIP CODE:	02043
MANAGER: GONDVEER, E. P.	RIC TYPE OF LICENSE: C	Club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE AND ONE HALF STORY BAR, KITCHEN, BANQUET H			UPPER LEVEL;
I hereby certify and swear under	penalties of perjury that:		
	vill be of the same type for the	=	
-	olied with all laws of the Cor	_	taxes; and
3. the premises are now	open for business (If not ex	plain below)	
SIGNED BY	l, Partner or Authorized Cor	marata Officar	
marvidua	i, raither of Authorized Cor	porate Officer	
DATE:		EMBLOVED	. IDENTIFICATION NUMBER:
TEI	LEPHONE NUMBER:		ividual Social Security Number)
			•
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the certification of 2010.	ilding inspector and the he	ad of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052800004		CITY OR TOW	N HINGHAN	Л
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: SALSA'S OF I	HINGHAM INC.			
DOING BUSINESS	S A				
ADDRESS 211 LIN	NCOLN ST				
CITY/TOWN: HI	NGHAM	STATE: MA	ZIP CODE:	02043	
	TLEFIELD, VID M.	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	5:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF					
	AR FOR MACHIN	COLONIAL BUILDING NERY AND STORAGE.			
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	wed license will be	e of the same type for the	e same premises no	ow licensed;	
2. the licen	see has complied	with all laws of the Com	monwealth relatin	g to taxes; and	
3. the prem	nises are now open	n for business (If not exp	lain below)		
SIGNED BY	Individual, Par	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPH	HONE NUMBER:		'ER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, sign	ed by the building	e are in possession (1) the g inspector and the hea te of liquor liability ins	nd of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	1-1-1				
(If disapproved exp	iain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	52800005	CITYON	RIOWN HINGHA	IVI
APPLICATION FOR R	RENEWAL: Anr	nual	LICENSED FOR 2	2013
	CL	ASS		YEAR
LICENSEE NAME: C DOING BUSINESS A ADDRESS 300 LINCO	OCEAN KAI			
CITY/TOWN: HINGH	HAM STATE:	: MA ZIP C	CODE: 02043	
MANAGER: CHIN, I		NSE:Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:	ASE ALSO VISIT OUR WEBSITE AND ENTI			
 the renewed the licensee 	ear under penalties of perjury the license will be of the same type has complied with all laws of the are now open for business (If	e for the same pren he Commonwealth	relating to taxes; and	
SIGNED BY	ndividual, Partner or Authorize	ed Corporate Office	er	
DATE:	TELEPHONE NUMBER	٠.	EMPLOYER IDENTIFICA e: NOT Individual Social	
Acts of 2004, signed b	attest that we are in possession y the building inspector and the certificate of liquor liabi	the head of the fir	re department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))	LOCAI By:	L LICENSING AUTH	HORITY
DATE:				



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LICENSE NUMBER: 0528	800009		(CITY OR TO	OWN	HINGHAI	M
APPLICATION FOR REN	VEWAL:	Annu	al	L	ICENS	SED FOR 2	2013
		CLA	SS				YEAR
LICENSEE NAME: EAT	Γ WELL, INC.						
DOING BUSINESS A TO	OSCA						
ADDRESS 14 NORTH ST	۲.						
CITY/TOWN: HINGHA	M	STATE:	MA	ZIP COI	DE:	02043	
MANAGER: DECARLI ARTHUR	, TYP	E OF LICEN	SE:Resta	urant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE	E ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMA	IL ADDRESS			
DESCRIPTION OF LICE	NSED PREMIS	ES:					
ONE DINING AREA ANI TWO EMERGENCY EXI							S PLUS
I hereby certify and swear	under penalties	of perjury tha	ıt:				
1. the renewed lice	ense will be of t	he same type	for the sa	ıme premise	es now	licensed;	
2. the licensee has	complied with	all laws of the	e Commo	nwealth rela	ating to	taxes; and	
3. the premises are	e now open for l	business (If n	ot explair	below)			
SIGNED BY							
Indi	ividual, Partner	or Authorized	l Corpora	te Officer			
DATE:	TELEPHONI	E NUMBER:					TION NUMBER:
				(Note: <u>N</u>	<u>OT</u> Indi	vidual Social	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building ins	pector and tl	ne head o	of the fire d	epartn	nent for the	e above
Please Check Below:				LOCAL LI	ICENS]	ING AUTH	IORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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LICENSE NUMBER: 05	2800010		C	ITY OR TOW	'N HINGHAN	AI .
APPLICATION FOR RE	ENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: BE	E&E, INC					
DOING BUSINESS A T	THE SNUG					
ADDRESS 114-16 NOR	TH ST.					
CITY/TOWN: HINGH	AM	STATE:	MA	ZIP CODE:	02043	
MANAGER: BROWN NALLY	, ELLEN TY	YPE OF LICEN	SE:Restat	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICE	ENSED PREM	ISES:				
TWO ROOMS AND KIT CELLAR FOR STORAC						
I hereby certify and swea						
1. the renewed li	icense will be o	of the same type	for the sa	me premises n	ow licensed;	
2. the licensee ha		* -		-		
3. the premises a	-				,	
SIGNED BY						
	dividual, Partno	er or Authorized	l Corporat	e Officer		
DATE:	TELEPHO	NE NUMBER:		EMPLO?	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building i	nspector and th	ne head o	f the fire depa	artment for the	above
Please Check Below:				LOCAL LICE	NSING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 052800011		Cľ	TY OR TOWN	HINGHAM	I
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	KAY'S HARBOR	CORPORATI	ON			
DOING BUSINESS	A STARS ON HING	GHAM HARE	BOR			
ADDRESS 0002-4 (OTIS ST.					
CITY/TOWN: HIN	GHAM	STATE:	MA	ZIP CODE:	02043	
MANAGER: KAN A.	IE, EDWARD TYF	PE OF LICEN	SE:Restaur	rant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF						
THREE ROOMS (T STORY CONCRET) EXIT ON EACH SII	E BLOCK BUILDIN					
I hereby certify and s	swear under penalties	of perjury tha	ıt:			
1. the renew	red license will be of	the same type	for the san	ne premises now	licensed;	
2. the licens	ee has complied with	all laws of the	e Common	wealth relating t	to taxes; and	
3. the premi	ses are now open for	business (If n	ot explain b	pelow)		
SIGNED BY	Individual, Partner	or Authorized	l Corporate	Officer		
	marviadai, i artiici	or rumorized	Согрогии	Officer		
DATE:	TEI EDUON	E NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TELEFTION	E NUMBER.			dividual Social S	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and tl	ne head of	the fire depart	ment for the	above
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expla	ain)		_			
			_			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800012		CITY OR TOWN HINGHA	M
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: LIMA SPO	ORTS, INC		
DOING BUSINESS A SOUTH S	SHORE SPORTS CENTER		
ADDRESS 55 RECREATION PA	ARK DR.		
CITY/TOWN: HINGHAM	STATE: MA	ZIP CODE: 02043	
MANAGER: LIMA. LAURINI	OO TYPE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
SECOND FLOOR MEZZANINE ONE ROOM SEATING APPRO SERVICE COUNTER AT ONE I SINGLE DOOR ENT/EXITS FR	E. LOUNGE LOCATED IN CE X 60 PERSONS WITH ROOM END WITH STORAGE,SINK	I FOR 30-40 PERSONS STA AND FOOD PREP AREA BI	NDING.
	penalties of perjury that: ill be of the same type for the sa ill de with all laws of the Commo	•	
-	open for business (If not explain	ı below)	
SIGNED BY Individual,	, Partner or Authorized Corpora	nte Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certifof 2010.	ding inspector and the head o	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)		-	
,			
DATE:			



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LICENSE NU	MBER: 052800014	C	CITY OR TOWN HINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N	AME: ASIAN FUSION	, INC	
DOING BUSI	NESS A GOURMET GA	ARDEN	
ADDRESS 48	WHITING ST.		
CITY/TOWN:	HINGHAM	STATE: MA	ZIP CODE: 02043
MANAGER:	HUANG, RICKY T' ZHONG QING HUANG	YPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAI	IL ADDRESS
DESCRIPTIO	N OF LICENSED PREM	IISES:	
			ROOMS, LOCATED AT 48 WHITING EXITS AND ENTRANCES
	y and swear under penalti		
		1 0 0	ume premises now licensed;
2. the	licensee has complied wi	ith all laws of the Commo	nwealth relating to taxes; and
3. the	premises are now open for	or business (If not explain	below)
SIGNED BY			
	Individual, Partn	er or Authorized Corpora	te Officer
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER
			(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building i	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above nce required by Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVI			
(If disapproved	d explain)		
DATE:			
DALL.			



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LICENSE NUM	MBER: 052800015		CITY OR TOWN HINGHAM	I
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
DOING BUSIN	AME: NINO'S STEAK & ONESS A S WHITING ST.	CHOP HOUSE, LLC		
CITY/TOWN:	HINGHAM	STATE: MA	ZIP CODE: 02043	
MANAGER:	CRUGNALE, NINO TYP	E OF LICENSE: Rest	taurant CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
ONE STORY E LOUNGE ARE		REAS, SEATING 96 S. ENT/EXIT FOR I	5. BAR SEATING 13 PERSONS LOUNGE AND EACH DINING E. EMERGENCY EXITS	
I hereby certify	and swear under penalties	of perjury that:		
1. the 1	renewed license will be of the	he same type for the	same premises now licensed;	
2. the 1	licensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the p	premises are now open for b	ousiness (If not expla	in below)	
SIGNED BY	Individual, Partner o	or Authorized Corpor	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social Se	
Acts of 2004, s	signed by the building insp	pector and the head	e certificate required by Chapto of the fire department for the rance required by Chapter 116	above
Please Check Belo APPROVED:	<u>w:</u>		LOCAL LICENSING AUTHO By:	ORITY
DISAPPROVE (If disapproved			Бу.	
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	CENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	jA)



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LICENSE NUMBER:	052800016		CITY OR TOWN	HINGHAM
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	PEPPER DINING	INC.		
DOING BUSINESS A	CHILI'S GRILL	& BAR		
ADDRESS 6 WHITIN	NG STREET			
CITY/TOWN: HING	SHAM	STATE: MA	ZIP CODE:	02043
MANAGER: DuPU	IS, ROBERT TYP	PE OF LICENSE: Rest	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	SES:		
FULL SERVICE RES OCCUPYING THE E BLDG. STORAGE AI NUMEROUS ENTRA	NTIRE STRUCTU ND OFFICES ARE	RE. KITCHEN AND ON THE WEST SID	SERVICE AREA	AT CENTER OF
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	d license will be of	the same type for the s	same premises now	licensed;
2. the licensee	has complied with	all laws of the Comm	onwealth relating t	o taxes; and
3. the premise	es are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004, signed	by the building ins	spector and the head	of the fire departs	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED:				SING AUTHORITY
DISAPPROVED:			By:	
(If disapproved explain	_ n)		-	
DATE:				



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LICENSE NUI	MBER: 052800018		CITY OR TOWN	HINGHAM	I
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	013	
		CLASS			YEAR
	AME: BERTUCCI'S RE NESS A BERTUCCI'S B		RANTE		
ADDRESS 90	DERBY ST				
CITY/TOWN:	HINGHAM	STATE: MA	ZIP CODE:	02043	
MANAGER:	ROCHA, KEITH TY	YPE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	ISES:			
SERVICE BAI ONSIDE,BEE	BLDG. ONE LARGE RO R AND WAITING AREA R COOLER,DISHROOM ORAGE AND EMPLOY	A IN FRONT,KITCHI I, MECHANIC/ELEC	EN AND PIZZA PR TRIC ROOM,OFFI	EP AREA CE,WALK IN	
I hereby certify	and swear under penaltic	es of perjury that:			
1. the	renewed license will be o	f the same type for the	same premises now	licensed;	
2. the	licensee has complied wit	th all laws of the Com	monwealth relating t	o taxes; and	
3. the	premises are now open for	r business (If not expl	ain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEDITO	NE NUMBER	EMDI OVEI	R IDENTIFICAT	ION NUMBED
2112.	I ELEPHO.	NE NUMBER:		dividual Social Se	
Acts of 2004,	rsigned, attest that we an signed by the building in and (2) the certificate (nspector and the hea	d of the fire depart	ment for the	above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i explain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	52800019		CITYOR	IOWN	HINGHAN	VI
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: E DOING BUSINESS A						
ADDRESS 118 NORTH	H STREET					
CITY/TOWN: HINGH	IAM	STATE: N	MA ZIP C	CODE:	02043	
MANAGER: IERARI V.	OI, JOSEPH TYP	E OF LICENSE	:Package Store	e Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YO	OUR EMAIL ADDRESS			
DESCRIPTION OF LIC						
A STAND ALONE WC ENTRANCE/EXIT ON						
2. the licensee b 3. the premises SIGNED BY	license will be of the complied with a complied with a care now open for be are now op	all laws of the Cousiness (If not	Commonwealth explain below)	relating t		
DATE:	TELEPHONE	E NUMBER:				ΠΟΝ NUMBER: Security Number)
Please Check Below: APPROVED:				LICENS	SING AUTH	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:052800021		CITY OR TOW	'N HINGHAM	1
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		MARKET & DELI			
ADDRESS 484 MAI	N ST				
CITY/TOWN: HIN	GHAM	STATE: MA	ZIP CODE:	02043	
MANAGER: Patel,	Viktoria TYI	PE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
TWO ROOMS ON C TO THE LEFT REA GOODS STORE LIC BLDG AND A CELI	R AREA OF PREM ENSE. FRONT EN	ISES WILL BE US TRANCE FOR CU	ED FOR THE RET	ΓAIL PACKAG	E
2. the license	ed license will be of the has complied with the are now open for	the same type for the all laws of the Com	nmonwealth relatin		
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0528	00022	CITY OR TOWN	HINGHAM
APPLICATION FOR REN	EWAL: Annua	al LICEN	SED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: HAT	TRICK SIX,INC.		
DOING BUSINESS A TH	E CRACKER BARREL		
ADDRESS 613 MAIN STE	REET		
CITY/TOWN: HINGHAM	STATE:	MA ZIP CODE:	02043
MANAGER: LeBlanc, pa	TYPE OF LICENS	SE:Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	ISED PREMISES:		
STORAGE, ENTRANCE A	LOOR OF A TWO STORY V AND EXIT ON FRONT ANI LAGE,THAT HAS SIDE EN	O REAR OF ROOM PLUS	
I hereby certify and swear u	nder penalties of perjury that	·	
1. the renewed lice	nse will be of the same type t	for the same premises now	licensed;
2. the licensee has	complied with all laws of the	Commonwealth relating to	o taxes; and
3. the premises are	now open for business (If no	et explain below)	
SIGNED BY			
Indiv	vidual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
		(Note: NOT Ind	lividual Social Security Number)
Please Check Below:		I OCAL LICENS	SING AUTHORITY
APPROVED:		By:	SING ACTHORIT
DISAPPROVED:		Dy.	
(If disapproved explain)			
		-	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052800024		CITY OR TOV	WN HINGHA	M
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
DOING BUSINESS		NTER, INC.			
ADDRESS 400 LIN	ICOLN ST				
CITY/TOWN: HIN	NGHAM	STATE: MA	ZIP CODE	2: 02043	
	BERTSON, TYI OTT A.	PE OF LICENSE: F	ackage Store	CATEGORY	: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
					
					-
I haraby cortify and	sweer under panalties	of porium that			-
	swear under penalties wed license will be of		ne same premises i	now licensed:	
	see has complied with				
	ises are now open for				
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TEL EDUON		EMDI C	YER IDENTIFICA	TION NI IMPED
	TELEPHON	E NUMBER:		Γ Individual Social	
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	Lain)				
(ii disappioved expi	<i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 052800025		CITY OR TOWN HINGHA	M
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
		OURMET WINE ANN GOURMET WINE AN	•	
ADDRESS 79 WA	ATER ST			
CITY/TOWN: H	INGHAM	STATE: MA	ZIP CODE: 02043	
	RAINE, TY AROLYN R	YPE OF LICENSE: Pac	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION O	F LICENSED PREM	ISES:		
	mises are now open for	th all laws of the Common business (If not explain the common busi		
DATE:	TELEPHO:	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
N. C. I.B.				
Please Check Below: APPROVED:			LOCAL LICENSING AUTH	IORITY
DISAPPROVED:			By:	
(If disapproved ex	plain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052800028		CITY OR TOWN	HINGHAM
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	A.G.T. INC			
DOING BUSINESS	A QUEEN ANN	WINE & SPIRITS		
ADDRESS 1 WHIT	TING STREET			
CITY/TOWN: HIN	NGHAM	STATE: MA	ZIP CODE:	02043
	FONE, T HOLAS V. III	YPE OF LICENSE:Pa	ckage Store C.	ATEGORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	AISES:		
		N THE FIRST FLOOR SQ. FT. OF STORAG		
I hereby certify and	swear under penalt	ies of perjury that:		
• •	-	of the same type for the	e same premises now	licensed;
2. the licens	see has complied w	ith all laws of the Com	monwealth relating t	o taxes; and
3. the prem	ises are now open f	for business (If not exp	lain below)	
SIGNED BY				
	Individual, Parti	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	SING ACTHORITI
DISAPPROVED:			25.	
(If disapproved expl	ain)			
D.A.TE				
DATE:				



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LICENSE NUMBER	₹: 052800031		CITY OR TOW	'N HINGHAM	1
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SHIPYARD VENTU	JRES, LLC			
DOING BUSINESS	A ALMA NOVE				
ADDRESS 349 LIN	COLN ST.,BLDG. #38	3			
CITY/TOWN: HIN	GHAM	STATE: MA	ZIP CODE:	02043	
MANAGER: WAI		OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
PATIO MAIN ENTI	ONSIST OF A 3,430 SO RANCE/EXIT LOCAT ORTH,EAST AND WE	ED ON SOUTH S	IDE OF BUILDI	-	
I hereby certify and s	swear under penalties o	f perjury that:			
1. the renew	ved license will be of the	e same type for the	same premises n	ow licensed;	
2. the licens	ee has complied with a	ll laws of the Com	nonwealth relatin	g to taxes; and	
3. the premi	ses are now open for bu	usiness (If not expl	ain below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
			(Note. NOT	Individual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are ind by the building inspo (2) the certificate of li	ector and the head	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 052800033		CITY OR TO	WN HINGHAM	VI
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 26 WHIT	A EURO MART				
CITY/TOWN: HING		STATE: MA	ZIP COD	E: 02043	
MANAGER: BELL		PE OF LICENSE:P		CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I 1 STORY BRICK B THE BASEMENT W	LDG. WITH 1 MA	IN ENTRANCE/EX		SEMENT ENTR	ANCE.
2. the license	ed license will be of e has complied with es are now open for	the same type for the all laws of the Conbusiness (If not expression or Authorized Corp.)	nmonwealth related		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICA' T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSED FOR 2013
EICENSED FOR 2015
YEAR
z SPIRITS
ZIP CODE: 02043
ckage Store CATEGORY: All Alcohol
MAIL ADDRESS
IT AND ENTRANCE AT FRONT, ONE OM IN THE REAR
e same premises now licensed; monwealth relating to taxes; and lain below)
orate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
(Note: NOT Individual Social Security Number)
(Note: NOT Individual Social Security Number) LOCAL LICENSING AUTHORITY
(Note: NOT Individual Social Security Number) LOCAL LICENSING AUTHORITY
1



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LICENSE NUMI	3ER: 052800035		CITY OR TOWN HINGHAI	M
APPLICATION 1	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	ME: EAT WELL, IN	C.		
DOING BUSINE	ESS A CAFFE TOSC	A		
ADDRESS 15 No	ORTH STREET			
CITY/TOWN: I	HINGHAM	STATE: MA	ZIP CODE: 02043	
	CERRA, T GREGORY	YPE OF LICENSE: Res	ctaurant CATEGORY:	All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	OF LICENSED PREM			
EMERGENCY E		AKING AREA, RETAII	E ENTRANCE TWO EXITS, T L SPACE AND SMALL DININ	
I hereby certify a	nd swear under penalt	ies of perjury that:		
1. the rea	newed license will be	of the same type for the	same premises now licensed;	
2. the lic	ensee has complied w	ith all laws of the Comn	nonwealth relating to taxes; and	
3. the pro	emises are now open f	For business (If not expla	in below)	
SIGNED BY	Individual, Partr	ner or Authorized Corpo	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sig	gned by the building	inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:	<u></u>		Ву:	
DISAPPROVED				
(If disapproved e	xplain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 052800037		CITY OR TOWN	I HINGHAM	L
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	E: 99 RESTAURAN		C		
DOING BUSINES	S A 99 RESTAURAN	NT & PUBS			
ADDRESS 428 LI	NCOLN STREET				
CITY/TOWN: HI	NGHAM	STATE: MA	ZIP CODE:	02043	
MANAGER: MA	ASURE, TERESA TY	PE OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W F LICENSED PREMI	EBSITE AND ENTER YOUR EM SES:	IAIL ADDRESS		
 the rene the licer 	d swear under penalties wed license will be of usee has complied with mises are now open for	the same type for the n all laws of the Commbusiness (If not expla	nonwealth relating iin below)		
	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the head	of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	piain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800038	•	CITY OR TOWN HINGHAM	M
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: Webber Develo	pment LLC		
DOING BUSINESS A Scarlet Oak Ta	avern		
ADDRESS 1217 MAIN ST			
CITY/TOWN: HINGHAM	STATE: MA	ZIP CODE: 02043	
MANAGER: Totman, Thomas A. 7	ΓΥΡΕ OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
LOUNGE, KITCHEN, 6 DINING RO AND PANTRY ON SECOND FLOOD AND BARN FOR STORAGE. ENTR WEST AND NORTH SIDES	R OF A 2 1/2 STORY WO	OOD STRUCTURE WITH CE	ELLAR
1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	of the same type for the s	onwealth relating to taxes; and	
SIGNED BY Individual, Part	ener or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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LICENSE NUMBER: 05	52800039		CITY OR TOW	N HINGHAM	Л
APPLICATION FOR RI	ENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C	URRY, LLC.				
DOING BUSINESS A	MUANG THAI	1			
ADDRESS 74 NORTH	ST				
CITY/TOWN: HINGH	AM	STATE: MA	ZIP CODE:	02043	
MANAGER: CURRY	, ELMER T	YPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF LIC			·		
ONE STORY BRICK FI ENTRANCES AND EX		STRUCTURE, FROM	TING ON NORT	H STREET WI	THTWO
I beneficial and according					
I hereby certify and swea	•	of the same type for the	e same premises no	ow licensed:	
		ith all laws of the Com	-		
	•	or business (If not expl		,	
SIGNED BY					
Ir	ıdividual, Partn	er or Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT Individual Social S	
			(1101c. <u>1101</u>	marviduai Sociai S	security (varioer)
We the undersigned, a		_	_	-	
Acts of 2004, signed by named license and (2)					
of 2010.			-		
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMBER	R: 052800040		CITY OR TOWN	HINGHAM	I
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	HINGHAM WINE	MERCHANT LLC			
DOING BUSINESS	A HINGHAM WINE	E MERCHANT			
ADDRESS 74 NOR	TH STREET				
CITY/TOWN: HIN	IGHAM	STATE: MA	ZIP CODE:	02043	
MANAGER: SUL A.	LIVAN,MOIRA TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		MAIL ADDRESS		
 the renew the licens 	wear under penalties wed license will be of the has complied with uses are now open for but Individual, Partner	he same type for the all laws of the Com business (If not expl	monwealth relating to		
	marviduai, Parmer	or Aumorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT.	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE: APPLICATION FOR RENE	WAL MUST BE FILED BY LIG	CENSEES DURING THE N	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	A)



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LICENSE NU.	MBER: 052800044		CITY OR	IOWN HINGHA	AVI
APPLICATIO	N FOR RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
DOING BUSI		Γ PIZZERIA, INC			
ADDRESS 19			7TD 00	00040	
CITY/TOWN:		STATE: MA	ZIP CC	DDE: 02043	
MANAGER:	GIKAS, ATHANASIOS	TYPE OF LICENSE: C	General on remise	CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:				
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
RESTAURAN	N OF LICENSED PRI IT 1ST FLR 2,090 SQ DND EGRESS REAR I	FT. PRIMARY ENTR'	Y @ FRONT I	PRIMARY EGRES	S SIDE
	premises are now oper	with all laws of the Conn for business (If not experiment or Authorized Connection of the Connection o	plain below)	elating to taxes; and	1
DATE:	TELEPI	HONE NUMBER:		IPLOYER IDENTIFICA	
Acts of 2004,	signed by the buildin	e are in possession (1) og inspector and the he te of liquor liability in	ad of the fire	department for th	ie above
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL I By:	LICENSING AUTI	HORITY
DATE:					



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LICENSE NUMBER	: 052800045		CITY OR TOWN HINGHA	M
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A	_			
ADDRESS 150 NOR	TH STREET			
CITY/TOWN: HING	GHAM	STATE: MA	ZIP CODE: 02043	
MANAGER: LIBB A	Y, PATRICIA TY	PE OF LICENSE: Resi	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
Ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREM	ISES:		
			<u></u>	
				- -
2. the license	ed license will be o e has complied wit es are now open fo	f the same type for the		
DATE:			EMPLOYER IDENTIFICA	TION NUMBER.
DATE.	TELEPHO	NE NUMBER:	(Note: NOT Individual Social	
Acts of 2004, signed	by the building in	nspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	in)			
· · · · · · · · · · · · · · · · · · ·	,			
DATE:				



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LICENSE NUMBER	: 052800046		C	II Y OK IOV	V IN	HINGHAIN	1
APPLICATION FOR	RENEWAL:	Annı	ıal	LIC	CENS	ED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 25 CLUB	A	OLF CLUB, I	LC				
CITY/TOWN: HING		STATE:	MA	ZIP CODE	<u>:</u>	02043	
MANAGER: ALOJ				211 0022			All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR W	EBSITE AND ENTE		L ADDRESS]
2. the license 3. the premis	wear under penalties d license will be of e has complied with es are now open for	the same type all laws of th	for the sa	nwealth relati			
SIGNED BY	Individual, Partner	or Authorize	d Corpora	te Officer			
DATE:	TELEPHON	E NUMBER:					TION NUMBER:
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and t	he head o	f the fire dep	artm	ent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			LOCAL LICE	ENSI	NG AUTH	ORITY
DATE:							
APPLICATION FOR RENEW	AL MUST BE FILED BY L	ICENSEES DURIN	IG THE MON	TH OF NOVEMBI	ER (M.C	G.L. Ch. 138 \$ 10	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	52800047		CI	TY OR TOV	VN HINC	GHAM	
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	ENSED F	OR 20	13
		CLAS	SS			•	YEAR
LICENSEE NAME: R DOING BUSINESS A	VICTORIA'S BEE		CTORIA A	ABBADESSA	A MORTL	AND	
ADDRESS 244 HULL S							
CITY/TOWN: HINGH	AM	STATE:	MA	ZIP CODE	: 0204	13	
MANAGER:	TYP	E OF LICEN	SE:Packag	ge Store	CATEGO	ORY:	Wine and Malt Regular
EMAIL ADDRESS:							
PLE	ASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS			
DESCRIPTION OF LIC	ENSED PREMIS	ES:					
NO CHANGE.							
2. the licensee h	license will be of the complied with a complied with a care now open for be	all laws of the	Common	wealth relati			
	ndividual, Partner	or Authorized	Corporate	e Officer			
DATE:	TELEPHONE	E NUMBER:					ON NUMBER: curity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			_	LOCAL LICI By:	ENSING A	UTHO	PRITY
DATE:			-				



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LICENSE NUMBER	1:052800048		CITY OR TOV	VIV HINGHAN	VI
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	KMC, LLC				
DOING BUSINESS	A RUSTIC KIT	CHEN			
ADDRESS 94 DER	BY STREET				
CITY/TOWN: HIN	GHAM	STATE: MA	ZIP CODE	: 02043	
MANAGER: CAF	ARELLI, ES G.	TYPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	JR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	MISES:			
BACK. BAR AND C ENTRANCES/EXIT	CAFE ON LEFT S IN FRONT.RE	ITH OUTDOOR PATI SIDE. PIZZA AND PA EAR DELIVERY/EXIT PLOYEE RESTROOM	STA STATION (AT KITCHEN. (ON RIGHT SID	E. 3
I hereby certify and s	wear under pena	lties of perjury that:			
1. the renew	ed license will be	e of the same type for the	ne same premises	now licensed;	
	-	with all laws of the Con		ng to taxes; and	
3. the premis	ses are now open	for business (If not exp	olain below)		
SIGNED BY	Individual, Par	tner or Authorized Corp	porate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
			(Note: NO	☐ Individual Social S	Security Number)
Acts of 2004, signed	d by the building	are in possession (1) t g inspector and the he e of liquor liability ins	ad of the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain]	in)		LOCAL LICE By:	ENSING AUTH	ORITY
(11 disappioved expir	<i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 052800049		CITY O	R TOWN	HINGHAN	M
APPLICATIO	N FOR RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE N	AME: MAXX, LLC	C				
DOING BUSI	NESS A THE BOST	TON GOLF CLUB, INC.				
ADDRESS 19	OLD COUNTY RO	AD				
CITY/TOWN	: HINGHAM	STATE: MA	ZIP	CODE:	02043	
MANAGER:	PATTERSON, ROBYN M.	TYPE OF LICENSE: Club)	(CATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
		OUR WEBSITE AND ENTER YOUR EM.	AIL ADDRE	SS		
-	N OF LICENSED PI		NI COL	ECLUD		NDV E
		TED WITHIN THE BOSTC AN ATTACHED OUTSIDE			WIIH MULI	IPLE
	premises are now op	ed with all laws of the Common pen for business (If not explain pe	in below	7)	to taxes; and	
DATE						
DATE:	TELE	PHONE NUMBER:	(No			FION NUMBER: Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	certific of the f	ate requi	red by Chapt tment for the	ter 304 of the
Please Check Bel APPROVED: DISAPPROVE	ED:		LOCA By:	L LICEN	SING AUTH	ORITY
(If disapprove	d explain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	52800050		CITYOR	IOWN	HINGHAM	L
APPLICATION FOR R	ENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: B	URTONS GRILL	OF HINGHAM	, LLC			
DOING BUSINESS A	BURTONS GRILL	,				
ADDRESS 96 DERBY	STREET					
CITY/TOWN: HINGH	IAM	STATE: N	AA ZIP CO	ODE:	02043	
MANAGER: Slicis, St	tephen TYPE	OF LICENSE	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	ASE ALSO VISIT OUR WEB		UR EMAIL ADDRESS			
DESCRIPTION OF LIC			TTH ONE DIN	INC DOC)M	
SINGLE FLOOR REST I hereby certify and swea			ITH ONE DIN	ING ROC	JIVI.	
	license will be of th		the same premi	ises now	licensed:	
	nas complied with a	• 1	•			
3. the premises	are now open for b	usiness (If not	explain below)			
SIGNED BY	ndividual, Partner o	r Authorized C	orporate Office	r		
DATE:	TELEPHONE	NUMBER:				ION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	ector and the	head of the fire	e departn	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [] (If disapproved explain)						
(ii disupproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 052800051	'	CITY OR TOW	N HINGHAIV	1
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 300 LIN	DEN PONDS WA	Y			
CITY/TOWN: HIN	IGHAM	STATE: MA	ZIP CODE:	02043	
MANAGER: Gonz Oma		YPE OF LICENSE: Club)	CATEGORY:	All Alcohol
EMAIL ADDRESS:		_			
DESCRIPTION OF		WEBSITE AND ENTER YOUR EMAILSES:	AIL ADDRESS		
2. the licens	wed license will be done has complied whises are now open for	of the same type for the sith all laws of the Common for business (If not explainer or Authorized Corpor	onwealth relating		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building i	re in possession (1) the inspector and the head of liquor liability insur	of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICE. By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUI	MBER: 052800052		CITY OR TOWN	HINGHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: VISTA VERD NESS A RAFFAEL'S	E CORP AT THE SOUTH SHOR	RE COUNTRY CLU	В
ADDRESS 274	4 South St			
CITY/TOWN:	HINGHAM	STATE: MA	ZIP CODE:	02043
MANAGER:	RICCI,ELIO	TYPE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRI	EMISES:		
rooms on lowe ROVING BEV	r level and storage. Fo	at floor. Tv room, locker in nurteen exits throughout re SNACK SHACK BEHIN NING ROOM	estaurtant18 HOLl	E GOLF COURSE,
I hereby certify	and swear under pena	alties of perjury that:		
1. the	renewed license will b	e of the same type for the	e same premises now	licensed;
	_	with all laws of the Com	_	o taxes; and
3. the	premises are now oper	n for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



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LICENSE NUI	MBER: 052800054		CITY OR TOWN	HINGHAM
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	AME: SHACK FOODS NESS A SUMMER SHA		C	
ADDRESS 96	DERBY STREET			
CITY/TOWN:	HINGHAM	STATE: M	ZIP CODE:	02043
MANAGER:	WHITE, JASPER T	YPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:	-		
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	JR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	IISES:		
LOCATED AT DELIVERIES	TTHIN THE DERBY S' THE FRONT OF THE AND ONE SOLELY FO AL OUTDOOR PATIO	BLDGAND TW	O DOORS AT THE RI	EAR, ONE FOR
I hereby certify	and swear under penalti	ies of perjury that:		
1. the	renewed license will be	of the same type for	the same premises now	licensed;
2. the 1	licensee has complied wi	ith all laws of the Co	ommonwealth relating t	o taxes; and
3. the 1	premises are now open for	or business (If not e	xplain below)	
SIGNED BY	Individual, Partn	ner or Authorized Co	orporate Officer	
DATE:			EMPLOVEI	D IDENTIFICATION NUMBER.
DATE.	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building i	inspector and the h	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		_	
DATE:				



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LICENSE NU	MBER: 052800055		CI	I Y OK TOW	N HINGHAIN	I
APPLICATIO	N FOR RENEWAL:	Annual		LICE	NSED FOR 20)13
		CLASS				YEAR
LICENSEE NA	AME: CHIPOTLE MEX	ICAN GRILL OF	COLO	RADO LLC		
DOING BUSI	NESS A CHIPOTLE ME	XICAN GRILL				
ADDRESS 92	DERBY STREET					
CITY/TOWN:	HINGHAM	STATE: N	ſΑ	ZIP CODE:	02043	
MANAGER:	FORTE, GREGORY TY	PE OF LICENSE	:Genera		CATEGORY:	Wine and Malt Regular
EMAIL ADDF	RESS:					
	PLEASE ALSO VISIT OUR V		UR EMAIL	ADDRESS		
-	N OF LICENSED PREM					
ENTRANCE I 3THESECO OF THE BUIL	IING MEXICAN RESTA S A DOUBLE DOOR FA OND ENTRANCE/EXIT I DING WITH ACCESS T WILL NOT BE SERVEI	CING THE PARE SA SINGLE DOC O THE NON-EN	KING LOC. CLOSE	OT TOWARD ATED ON TH	OS ROUTE HE NORTHWE	
I hereby certify	y and swear under penaltie	s of perjury that:				
	renewed license will be of	* *		-		
	licensee has complied wit			_	to taxes; and	
3. the	premises are now open for	r business (II not e	expiain t	below)		
SIGNED BY	Individual, Partne	r or Authorized C	orporate	Officer		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
Acts of 2004,	rsigned, attest that we ar signed by the building in e and (2) the certificate o	spector and the l	head of	the fire depar	rtment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved)	ED:		_	OCAL LICEN	NSING AUTH	ORITY
DATE:			-			
•						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 052800056	CITY OR TOWN HINGHAM					
APPLICATION FO	R RENEWAL:	Annual	I	LICI	ENSED FOR 2	013	
		CLASS	S			YEAR	
LICENSEE NAME	THE FRESH MARK	ET OF MASS	SACHUSET	TTS INC.			
DOING BUSINESS	A THE FRESH MAR	KET					
ADDRESS 11 ESSI	NGTON DRIVE						
CITY/TOWN: HIN	NGHAM	STATE:	MA Z	ZIP CODE:	02043		
MANAGER: BLAA.	ACK, MICHAEL TYPE	OF LICENS	E:Package S	Store	CATEGORY:	All Alcohol	
EMAIL ADDRESS							
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER Y	OUR EMAIL AD	DRESS		_	
	LICENSED PREMISE						
WEST SIDE WITH	Q FTSPECIALTY G AN ADDITIONAL EN TON THE SOUTH SI	NTRANCE/EX				N THE	
I hereby certify and	swear under penalties o	f perjury that:					
1. the renev	ved license will be of th	e same type fo	or the same	premises n	ow licensed;		
2. the licens	see has complied with a	ll laws of the	Commonwe	ealth relatin	g to taxes; and		
3. the prem	ises are now open for b	usiness (If not	explain bel	low)			
SIGNED BY	Individual, Partner o	r Authorized (Corporate C	Officer			
DATE							
DATE:	TELEPHONE		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
				(**************************************	marviduai Sociai i	security (varioer)	
Please Check Below:			LO	CAL LICE	NSING AUTH	ORITY	
APPROVED:			By:	:			
DISAPPROVED: (If disapproved expl	ain)						
(II disapproved expi	<i>,</i>		_				
						_	
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 052800057		CITY OR TOWN HINGHAM			
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS	YEAR			
LICENSEE NAME: SLESAR BROS. BR	REWING COMPAN	Y			
DOING BUSINESS A HINGHAM BEER	WORKS				
ADDRESS 18 SHIPYARD DRIVE (NO. 1	K)				
CITY/TOWN: HINGHAM	STATE: MA	ZIP CODE: 02043			
MANAGER: SLESAR, JOSEPH TYPE D.	E OF LICENSE: Res	ctaurant CATEGORY: All Alcohol			
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	1AIL ADDRESS			
DESCRIPTION OF LICENSED PREMISE					
9172 SQ FT RESTAURANT AND PATIC ENTRANCE/EXIT ON SOUTH SIDE OF OF BUILDING					
I hereby certify and swear under penalties of	of perjury that:				
1. the renewed license will be of the	ne same type for the	same premises now licensed;			
2. the licensee has complied with a		_			
3. the premises are now open for b	ousiness (If not expla	in below)			
SIGNED BY Individual, Partner of	or Authorized Corpo	orate Officer			
,					
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
TEELI IIONE	THOMBER.	(Note: NOT Individual Social Security Number)			
Acts of 2004, signed by the building insp	ector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts			
Please Check Below:		LOCAL LICENSING AUTHORITY			
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMBE	R: 052800058		C	ITY OR TOW	N HINGH	AM
APPLICATION FO	R RENEWAL:	Annu	al	LIC	ENSED FOR	2 2013
		CLAS	SS			YEAR
LICENSEE NAME	: HAI PHONG, INC.					
DOING BUSINESS	S A ZENDO ASIAN BIS	TRO AND	LOUNG	Έ		
ADDRESS 25 SHIF	PYARD DRIVE SUITE 1	lC				
CITY/TOWN: HIN	NGHAM	STATE:	MA	ZIP CODE:	02043	
MANAGER: LE,	DO TYPE O	OF LICEN	SE:Resta	urant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF	LICENSED PREMISES	5 :				
DRIVE BLDG J MA	CAURANT AND PATIO AIN ENTRANCE / EXIT ST ON THE WEST, EAS	LOCATE	D ON SC	OUTHWEST S	SIDE OF BU	ILDING;
I hereby certify and	swear under penalties of	perjury tha	t:			
1. the renev	wed license will be of the	same type	for the sa	me premises n	ow licensed;	
2. the licens	see has complied with all	laws of the	Commo	nwealth relatir	ng to taxes; ar	nd
3. the prem	ises are now open for bus	siness (If no	ot explain	below)		
SIGNED BY			. ~	0.00		
	Individual, Partner or	Authorized	. Corpora	te Officer		
DATE:				EMBLO	VED IDENTIFIC	CATION NUMBER:
DITTE.	TELEPHONE N	NUMBER:				ial Security Number)
						•
Acts of 2004, signe	ed, attest that we are in ed by the building inspec (2) the certificate of liq	ctor and th	e head o	f the fire depa	artment for t	the above
Please Check Below:				LOCAL LICE	ENSING AUT	ГНОRITY
APPROVED:				By:		
DISAPPROVED: (If disapproved expl						
(11 disapproved expi	am)					
DATE:						



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LICENSE NUMBER	R: 052800059		Cl	ITY OR TOWN	HINGHAM	1
APPLICATION FOR	R RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	PARAGON FUN	DING GROUP	III, LLC			
DOING BUSINESS	A WAHLBURGEI	R'S				
ADDRESS 19 SHIP	YARD DRIVE					
CITY/TOWN: HIN	GHAM	STATE:	MA	ZIP CODE:	02043	
MANAGER:	TY	PE OF LICEN	SE:Restau	ırant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
•	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:				
4,367 SQ FT RESTA FIRST FLOOR. MA ALSO EXIST ON W	IN ENTRANCE/EX	KIT LOCATED	ON NOR	TH SIDE OF B		
I hereby certify and s	wear under penaltie	es of perjury tha	t:			
1. the renew	red license will be of	f the same type	for the sar	ne premises nov	v licensed;	
2. the license	ee has complied wit	h all laws of the	Common	wealth relating	to taxes; and	
3. the premi	ses are now open for	r business (If no	ot explain	below)		
SIGNED BY						
	Individual, Partne	er or Authorized	l Corporat	e Officer		
D. 1.000						
DATE:	TELEPHONE NUMBER:			EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
				(Note: NOT Individual Social Security Number)		
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and th	ne head of	f the fire depart	ment for the	above
Please Check Below:]	LOCAL LICEN	SING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVED:						
(If disapproved expla	ıın)					
DATE:						